



Iowa General Assembly

2011 Committee Briefings

Legislative Services Agency – Legal Services Division

<http://www.legis.iowa.gov/Schedules/committee.aspx?GA=84&CID=542>

INMATE GERIATRIC AND PSYCHIATRIC STUDY COMMITTEE

Meeting Dates: [November 30, 2011](#) | [September 28, 2011](#)

Purpose. *This compilation of briefings on legislative interim committee meetings and other meetings and topics of interest to the Iowa General Assembly, written by the Legal Services Division staff of the nonpartisan Legislative Services Agency, describes committee activities or topics. The briefings were originally distributed in the Iowa Legislative Interim Calendar and Briefing. Official minutes, reports, and other detailed information concerning the committee or topic addressed by a briefing can be obtained from the committee's Internet page listed above, from the Iowa General Assembly's Internet page at <http://www.legis.iowa.gov/index.aspx>, or from the agency connected with the meeting or topic described.*

INMATE GERIATRIC AND PSYCHIATRIC PATIENTS STUDY COMMITTEE

November 30, 2011

Co-chairperson: Senator Tom Hancock

Co-chairperson: Representative Gary Worthan

Background. The Legislative Council established an interim study committee requested in 2011 Iowa Acts, SF 510, to examine treatment and placement options for inmate geriatric and psychiatric patients who are under the care, custody, and control of the state, or for patients who are otherwise housed at the Iowa Medical and Classification Center (IMCC) at Oakdale or other correctional facilities for geriatric or psychiatric treatment. A related study by the Departments of Corrections (DOC), Human Services (DHS), Inspections and Appeals, and Public Health required by SF 510 was also submitted to the Study Committee and discussed during this meeting.

Department of Corrections. Mr. John Baldwin, Director of the DOC, spoke to the committee about a study recently conducted by executive branch agencies related to inmate geriatric and psychiatric patients under the care, custody, and control of the state. Mr. Baldwin emphasized the approach undertaken by the state should provide each person with the best opportunity for long-term success while achieving fiscal efficiencies.

First, the state should explore contracting with private nursing homes to house a portion of the geriatric inmates and psychiatric patients in private secure wings. He emphasized the level of risk for all parties involved should be thoroughly discussed prior to such an undertaking. Second, the state could use existing state Mental Health Institute (MHI) space for particular defined services without making these services part of the DHS mental health system. Third, the state may design and finance apartments for groups of offenders and patients who are in need of assisted living. Fourth, subacute beds for long-term care could be expanded. Fifth, case management, independent living arrangements, and home community services could be utilized. Finally, existing DOC space may be used if available.

Mr. Baldwin stated if changes are made to existing laws relating to geriatric inmates and psychiatric patients, anywhere from 50 to over 400 inmates could be impacted depending on how the new law is structured. He further stated the average cost for housing an offender at the IMCC is \$157 per day per offender while the average cost for housing an offender in a private nursing home, after Medicaid reimbursement, would be \$58 per day per offender.

Clarinda Treatment Complex (CTC). Mr. Mark Lund, Superintendent of the CTC, discussed whether the Clarinda Mental Health Institute (MHI) portion of the complex would be a viable option to consider for the placement of geriatric inmates and psychiatric patients. The Geropsychiatric Nursing Facility at MHI is the number one ranked nursing home in the state. A 20-bed living unit is currently available for immediate occupancy and another unit would be available after renovations. Each geriatric patient currently residing at MHI had been previously removed from 10 to 15 nursing homes prior to being admitted to MHI.

Co-Chairperson Hancock asked about the medical capacity of MHI. Mr. Lund explained MHI is not an acute hospital program, it is not a referral place for persons with disabilities, and it is not a facility that can take care of persons with brain injuries. It is a geropsychiatric nursing home and a skilled nursing facility. Doctors make rounds every day.

Representative Todd Taylor asked about the security around MHI. Mr. Lund stated the geropsychiatric nursing unit is

locked but there is no fence around the facility.

Representative Lisa Heddens asked about the costs per day for the geropsychiatric nursing unit. Mr. Lund responded the per diem cost is \$590 per day per patient, and at the current Medicaid rate for reimbursement the state share would be about \$327 per day per patient.

Board of Parole (BOP). Ms. Elizabeth Robinson, Chairperson of the BOP, spoke to the committee about the geriatric and medical parole. She informed the committee the risk assessment tool utilized by the BOP has been validated four times since its creation and is currently undergoing validation again by the Division of Criminal and Juvenile Justice Planning of the Department of Human Rights (CJJP). Currently, 2.7 percent of active parolees are revoked each month. She stated inmates are assigned a risk score with a score of 2 posing the least risk and a score of 9 posing the most risk. The inmates with the highest risk require a unanimous vote of the members of the BOP in order for such a person to be released on parole. She noted the BOP does consider the geriatric and medical needs of an inmate being reviewed for parole but public safety is an overriding factor when considering a person for parole. Prior to enacting a form of geriatric or medical parole, she suggested the General Assembly conduct public hearings to develop support from the general public.

Department of Human Services. Ms. Jennifer Vermeer, Director of the Iowa Medicaid Enterprise, and Mr. Rick Shults, Division Administrator Mental Health & Disability Services, spoke about Medicaid eligibility with the committee. Ms. Vermeer stated a DOC inmate is only eligible for Medicaid for inpatient hospital services. In order for an inmate to qualify for Medicaid, the inmate first is required to be paroled and classified as disabled or be 65 years of age or older. If a facility is created to house disabled or geriatric inmates who have been paroled, such a facility is required to be less than 16 beds in order to meet Medicaid reimbursement requirements.

Co-Chairperson Hancock asked why facilities are limited to less than 16 beds. Mr. Shults responded that this requirement is a long-standing federal rule to prevent the housing of large numbers of disabled and geriatric populations in one institution. Ms. Vermeer stated policymakers need to identify the inmates to be served, ages, types of health issues, types of treatment needed, and whether a facility is available that will meet the Medicaid reimbursement requirements. Mr. Shults warned policymakers about developing a treatment option for a certain population without knowing the ultimate demand for the treatment.

Representative Hagenow commented this is a complex area and it would be helpful to have an integrated proposal from the various departments involved with these issues.

Next Steps. The committee took no action at the meeting. The Co-chairpersons and the committee will discuss the next steps of the committee at a future date.

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INMATE GERIATRIC AND PSYCHIATRIC PATIENTS STUDY COMMITTEE

September 28, 2011

Co-Chairperson: Senator Tom Hancock

Co-Chairperson: Representative Gary Worthan

Background. The Legislative Council established an interim study committee requested in 2011 Iowa Acts, S.F. 510, to examine treatment and placement options for inmate geriatric and psychiatric patients who are under the care, custody, and control of the state, or for patients who are otherwise housed at the Iowa Medical and Classification Center (IMCC) at Oakdale or other correctional facilities for geriatric or psychiatric treatment. A related study by the departments of Corrections (DOC), Human Services (DHS), Inspections and Appeals, and Public Health required by S.F. 510 is also to be submitted to the Study Committee by November 15, 2011.

Introduction. The first meeting of the Inmate Geriatric and Psychiatric Patients Study Committee was held at the IMCC in Coralville, Iowa. The Committee elected Senator Hancock and Representative Worthan Co-Chairpersons. The Committee toured the facilities of the IMCC relating to the charge of the Committee, including the medical and reception facilities, and the forensic hospital.

Department of Human Services. Mr. Charles Palmer, Director of the DHS, stated it is vital that the DOC and DHS cooperate when treating these difficult populations. He emphasized that the DOC has provided care to psychiatric patients within the walls of the IMCC who otherwise would be placed at a state Mental Health Institute (MHI) because the forensic hospital provides greater structure and a higher level of security. He noted DHS does operate a highly structured Civil Commitment Unit for Sexual Offenders (CCUSO), but the persons civilly committed to the CCUSO are not physically violent towards staff or each other. Director Palmer suggested that if some of these patients and inmates are placed in a

facility funded by the Medicaid Program, then Medicaid would pay approximately 60 percent of the costs of the care. He also suggested exploring the establishment of a centralized tracking system for psychiatric beds in order for local sheriffs or other agencies to more quickly determine where empty psychiatric beds are located around the state. Co-Chairperson Hancock commented that public safety and security related to the placement of geriatric inmates and psychiatric patients are primary concerns for the Committee. Co-Chairperson Worthan asked if it would be a good idea to parole or place geriatric inmates in a noncorrectional facility. Director Palmer responded that nobody who poses a threat should be transferred to another facility.

Department of Corrections. Dr. Harbans Deol, Medical Services Director of the DOC, presented an overview of the medical needs of the inmates under the custody of the DOC. He stated that the lifestyle decisions of many inmates prior to entering the correctional system requires the DOC to provide geriatric services to inmates as young as 50 years old, which greatly increases the medical costs. He stated 21 inmates have been diagnosed with dementia. There are approximately 1,700 inmates with more than one chronic disease diagnosis. He also noted the IMCC is not the only institution that houses geriatric and psychiatric inmates. Each institution in the correctional system houses geriatric and psychiatric inmates. Mr. John Baldwin, Director of the DOC, emphasized that most private nursing homes will not accept one or two inmates with a criminal background. However, he suggested that some private nursing homes may consider accepting inmates if 10 to 20 geriatric inmates were to be placed at the facility at one time. Mr. Joel Wulf, Iowa Department of Aging, suggested that Iowa's Aging Network through the Iowa Department of Aging could assist the DOC in the placement of geriatric inmates. Director Baldwin stated that the related executive branch study on inmate geriatric issues will provide the Committee with seven or eight options for the placement of geriatric inmates and psychiatric patients to review at the next meeting.

University of Iowa Geriatric Program. Dr. Judith Crossett, Director of the Geriatric Fellowship Program at the University of Iowa, spoke about the treatment and placement of geriatric or psychiatric inmates. She stated a person with dementia is most violent during the middle stages of the disease. She noted community mental health clinics including a free mental health clinic operated by University of Iowa medical students are great resources for people with mental illness and could be utilized by inmates or other patients. However, she emphasized the right facility may never exist for some people with mental illness. She informed the Committee that some of the challenges the state may face when placing geriatric or psychiatric inmates include the following: 1) a decision maker for the inmate will need to be identified; 2) nursing facilities do not want to accept younger patients; and 3) the state will need to open or locate a facility with a large staff to accommodate many of these populations. Senator Jack Hatch commented that much of this Committee's work dovetails with the Mental Health and Disabilities Services Study Committee and associated workgroups that will be making recommendations to the General Assembly.

Board of Parole. Ms. Elizabeth Robinson, Chairperson of the Board of Parole, stated that the board is open to working with the Committee regarding medical parole. However, she emphasized the board is also very concerned about public safety. Ms. Doris Kelley, a member of the Board of Parole, added that the board is also concerned about equal protection and other constitutional issues if a form of medical parole is instituted. Co-Chairperson Hancock commented that the Board of Parole should use its expertise and be a part of the solution.

Next Meeting. The second and final meeting of the Inmate Geriatric and Psychiatric Patients Study Committee will be held at the Capitol Complex on Wednesday, November 30, 2011, beginning at 10:00 a.m. in the DOC Board Room, Jesse Parker Building, Des Moines, Iowa.

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